

Case Number:	CM15-0034303		
Date Assigned:	03/23/2015	Date of Injury:	04/25/2000
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old female who sustained an industrial injury on Apr 25, 2000. The injured worker was diagnosed with brachial neuritis or radiculitis, chronic fatigue syndrome, lateral epicondylitis of the elbow, radial styloid tenosynovitis, anxiety state, opioid type dependence, myalgia and myositis. According to the primary treating physician's progress report on January 15, 2015, the injured worker is seen for routine follow up and medication refills. The injured worker continues to experience pain in the bilateral hands/wrists, elbow, shoulders and neck described as burning, numbing, throbbing and pins and needles. The injured worker states that although she is not pain free she is able to function independently with activities of daily living with the current medication regimen of Norco, Xanax, Abilify, Pristiq, Phenergan, Ranitidine, Adderall and fentanyl pops. The primary treating physician requests Norco 10/325mg # 300 for authorization. Utilization review modified the request and recommended weaning due to lack of evidence for functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the provided notes indicate that Norco was helpful to the patient, but there is no evidence of objective measures of functional improvement. Consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable as weaning has previously been recommended by utilization review based on lack of evidence of improved function. Consideration of other pain treatment modalities and adjuvants is also recommended. If there is objective evidence of functional improvement, it should be documented clearly in order to consider continuation of opioid treatment. While a weaning protocol is likely in order, there needs to be specific evidence of a plan in place to successfully wean the patient, and without such a plan, the quantity of medications currently requested is not considered in the opinion of this reviewer to be medically necessary and appropriate, making the decision to modify the request per utilization review reasonable given the provided records.